U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Office U.S. Offix
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1. File Number U-3035

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Andrew E Sizemore	Name Allied Pilots Association
	Labor Organization File Number 059-849
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 209 E. 2nd Street	Street 14600 Trinity Boulevard
City Franklin	City Fort Worth
State Ohio ZIP Code + 4 45005	State Texas ZIP Code + 4 76155-2512
5. Position in labor organization. Negotiator	
	pouse or minor child directly or indirectly had any of the following interests clusions set forth in the instructions):
monetary value from an employer whose employees your organiza	
Name and address of Employer (including trade name, if any).	7.2. Hadde of meres, Handadon, of meshe.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	
Si	gnature
	of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)
Signed Lack	on $\frac{7}{7/35}$ $\frac{937-232-9293}{}$ Telephone Number
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Name of Person Filing Andrew Sizemore	File Number U-30 25		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name			
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer		
Street	o. Employo.		
City	.		
State ZIP Code + 4			
10. if 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
	12.D. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name American Airlines, Inc.	A pass travel on American, which permits me to fly for free in connection with union business status.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 4333 Amon Carter Blvd.			
City Fort Worth			
State Texas ZIP Code + 4 76155-2605			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		